U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

A File Number 11 (1 mg/l/)	
1. File Number U - 6.359	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Peter Iriate	Name O.P.C.M.I.A., Local Union #630
	Labor Organization File Number 037-279
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2251 North School Street	Street 2251 North School Street
City Honolulu	City Honolulu
State Hawaii ZIP Code + 4 96819	State Hawaii ZIP Code + 4 96819
5. Position in labor organization. Recording secretary	
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	sions set forth in the instructions):
Name and address of Employer (including trade name, if any).	
o. Name and address of Employer (including trade fiame, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	7.a. Nature of Interest, Transaction, or Income.
general contraction of the contr	7.a. Nature of Interest, Transaction, or Income.
Name	
Name Trade Name, if any:	7.b. Amount.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.b. Amount.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount. ature Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.b. Amount. ature Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the

Name of Person Filling Peter Iriate	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Hawaii Masons & Plasterers Training Trust Fu Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any Street 2251 North School Street	c. Employer	
City Honolulu		
State Hawaii ZIP Code + 4 96819		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Expenses incurred as trustee or Taft-Hartley employee benefits p	
Trade Name, if any:	1 of 5 pages)	
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing.	\$6,646
State ZIP Code + 4	12.a. Nature of interest held or income received	
		TOTAL COMPANY STANDARD
	12.b. Amount.	A CONTRACT CONTRACTOR OF THE PROPERTY CONTRACTOR
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name	: : : : :	:
Trade Name, if any:		:
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name	of F	Person	Filing	Peter	Triate
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File Number U-

Part B Continuation Page

		9. Business deals with:	
8. Name and address of Business (inclu	uding trade name, if any).	9. Dusiness deals with.	
Name Masons Vacation and H	oliday Trust Fund	a. Labor Organization	
Trade Name, if any:	. Printer in the whole the word to the household and administratively also happings below by a decreasing a decreasing and the special control of the special co	a. Labor Organization	
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P.O. Box, Bldg., Room No., if any	Militar to print the properties of the print of the properties and the print of the properties of the print o	Source	
Street 2251 North School Str		c. Employer	
City Honolulu	eller verger frammer dørere i verli i had produktigt melleddet produktigt verkendet frammer frammer in by emerce		
State Hawaii	ZIP Code + 4 96819	,	
10. If 9.b. or 9.c. is checked give trust or er	mployer's name.	11.a. Nature of such dealing.	
Name	t the contributes of the contribute of the contribute and the contribu	Expenses incurred as trustee on	
Trade Name, if any:		Taft-Hartley employee benefits pla 2 of 5 pages)	in (See Attachment
Manager and Marine, II drifty.	er zano z gradu mejery v 17g. Oros 2000, jedz z Subombel i Osabandana kandinako ada danaki Mobel anako Judo meno, subombe		:
P.O. Box, Bldg., Room No., if any	e konstantion om state at det at American de state om om om op dig to de antique at antique at at a state of e On om of the state of th		1
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State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$20
		12.a. Nature of interest held or income received.	
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		10.	
		The state of the s	and the control of th
		12.b. Amount.	

Name of Person Filing Peter	Triate		File Number U-	

8. Name and address of Business (including	trade name, if any).	9. Business deals with:	
Name Masons Health and Welfare	Trust Fund	a. Labor Organization	
Trade Name, if any:		the third the transfer of the	
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 2251 North School Street		c. Employer	
City Honolulu			
State Hawaii ZII	P Code + 4 96819		
10. If 9.b. or 9.c. is checked give trust or employe	er's name.	11.a. Nature of such dealing.	
Name		Expenses incurred as trustee on material Taft-Hartley employee benefits plan	
Trade Name, if any:		3 of 5 pages)	Africa
P.O. Box, Bldg., Room No., if any			
Street			
City			1
State	P Code + 4	11.b. Approximate dollar value of such dealing.	\$63
		12.a. Nature of interest held or income received.	an increase and a suppression of the superior and a superior and a superior and a superior and a superior of t
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		12.b. Amount.	

	Name of Person Filing Peter Iriate		File Number U-	
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8. Name and address of Business (including	trade name, if any).	9. Business deals with:	
Name Masons Pension Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu State Hawaii ZII	P Code + 4 96819	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employe	er's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City		Expenses incurred as trustee on Taft-Hartley employee benefits pla 4 of 5 pages)	
State	P Code + 4	11.b. Approximate dollar value of such dealing.	\$267
		12.a. Nature of interest held or income received.	<u>Банунан учин түрөө сана маж анда-ын анда-ын анда-ын анамын анамын анамын анамын анамын анамын анда-ын анамын а</u>
		12.b. Amount.	

Name of Person Filing	Peter Iriate		File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Hawaii Masons & Plasterers Annuity Trust Fun	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 2251 North School Street	c. Employer
City Honolulu	
State Hawaii ZIP Code + 4 96819	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name [Expenses incurred as trustee on multiemployer Taft-Hartley employee benefits plan (See Attachment 5 of 5 pages)
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$83
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filin	g Peter Iriate		File Number U -	
			1	

8. Name and address of Business (include Name Sierra Investment Part. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 Ygnacio Valley Roal City Walnut Creek State California	ners. Inc.		9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.		11.a. Nature of such dealing.	
Name Masons Pension Trust F Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu			Gift of wine bottle	
State Hawaii	ZIP Code + 4	96819	11.b. Approximate dollar value of such dealing.	\$49
			12.a. Nature of interest held or income received.	enegative electron electron electron energia electron electron electron electron electron electron electron el
			12.b. Amount.	

Name of Person Filing Peter	Iriate	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Sierra Investment Partners. Inc.	a. Labor Organization	
Trade Name, if any:	final age.	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 101 Ygnacio Road	c. Employer	
City Walnut Creek		
State California ZIP Code + 4 94596		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Hawaii Masons & Plasterers Annuity Trust Fun	Gift of wine bottle	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		\$
Street 2251 North School Street		
City Honolulu		Accessor in the contract of th
State Hawaii ZIP Code + 4 96819	11.b. Approximate dollar value of such dealing.	\$49
	12.a. Nature of interest held or income received.	
	Accessor of Market (Market (Ma	e Marce P. D. M. C. Marce Come (Transis on proceedings) - Source of Appellance - Experience of Applications
	12.b. Amount.	

Page 1 of 5 pages

Attachment to Form LM-30, Line 11.a,b

	5	Amount of		50 11 1 0
TR	<u>Date of payments</u> January 1, 2004 through	payments	Kind of payment Meetings	Method of payment
	December 31, 2004	112	Meeting expenses for attendence at quarterly trust fund meetings	Check
			Mosting symposor for attendance at	Charle
		20	Meeting expenses for attendence at special trustee meeting	Check
	_ _	132	- -	
	longon, 1, 2004 through		Saminara (0/2004)	Charle
	January 1, 2004 through December 31, 2004	5,985	Seminars (9/2004) Airfare	Check
	·	-	Hotel	
		529	Registration	
		-	Auto Meais	
	-	6,514		
	Total	6.646		

Amounts paid on behalf as a trustee of Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 2 of 5 pages

Attachment to Form LM-30, Line 11.a,b

Date of payments

January 1, 2004 through December 31, 2004

VΗ

Amount of payments

Kind of payment

Method of payment payment

20 Meeting expenses for attendence at special trustee meeting

Check

20

Amounts paid on behalf as a trustee of Masons Vacation and Holiday Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 3 of 5 pages

Attachment to Form LM-30, Line 11.a,b

Amount of <u>Date of payments</u> payments <u>Kind of payment</u> payment

HW January 1, 2004 through December 31, 2004

Amount of <u>payments Kind of payment</u> payment payment

Meeting expenses for attendence at quarterly trust fund meetings

Method of payment

payment

payment

Amount of payment

payment

payment

quarterly trust fund meetings

32 Meeting expenses for attendence at special trustee meeting

63

Amounts paid on behalf as a trustee of Masons Health and Welfare Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 4 of 5 pages

Attachment to Form LM-30, Line 11.a,b

PN January 1, 2004 through December 31, 2004

Amount of payments

Kind of payment

Meeting expenses for attendence at quarterly trust fund meetings

Method of payment

payment Check

32 Meeting expenses for attendence at special trustee meeting

267

Amounts paid on behalf as a trustee of Masons Pension Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 5 of 5 pages

Attachment to Form LM-30, Line 11.a,b

Date of payments

AN January 1, 2004 through

December 31, 2004

Amount of payments

ts Kind of payment

Meeting expenses for attendence at
quarterly trust fund meetings

Method of payment payment Check

20 Meeting expenses for attendence at special trustee meeting

83

Amounts paid on behalf as a trustee of Masons & Plasterers Annuity Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

General explanation on reporting amounts of Form LM-30

This individual is a union official for the Bricklayers AFL-CIO, Local Union #1, Labor Organization File Number 025-992 and is also a union official for the Plasterers and Cement Mason, ALF-CIO, Local Union #630, Labor Organization File Number 037-279. The amounts disclosed are total amounts received directly or on behalf of this union official and have not been allocated or prorated between the two labor organizations this individual represents.